

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 12 OF 24  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee  
Planned Parenthood Action Fund of Santa Barbara,  
Ventura and San Luis Obispo Counties

Date

MM / DD / YYYY  
10 / 31 / 2012

Mailing Address

Amount

518 Garden Street

City State Zip Code

Santa Barbara , CA 93101

95.60

Purpose of Expenditure

Category/  
Type 004

Office Sought: ☒ House State: CA  
☐ Senate District: 24  
☐ President

Phone Banking

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Calendar Year-To-Date Per Election  
for Office Sought 9,522.22

Disbursement For: ☐ Primary ☒ General 12  
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Square One Consulting, LLC

Date

MM / DD / YYYY  
10 / 31 / 2012

Mailing Address

Amount

1382 Berkeley Ave.

City State Zip Code

St. Paul , MN 55105

63.15

Purpose of Expenditure

Category/  
Type 004

Office Sought: ☒ House State: CA  
☐ Senate District: 24  
☐ President

Minutes for Phone Banking

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Calendar Year-To-Date Per Election  
for Office Sought 9,522.22

Disbursement For: ☐ Primary ☒ General 12  
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Planned Parenthood Action Fund of Santa Barbara,  
Ventura and San Luis Obispo Counties  
Mailing Address

Date

MM / DD / YYYY  
11 / 01 / 2012

518 Garden Street

City State Zip Code

Santa Barbara , CA 93101

Amount

74.45

Purpose of Expenditure

Category/  
Type 004

Office Sought: ☒ House State: CA  
☐ Senate District: 26  
☐ President

Phone Banking

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Julia Brownley

Calendar Year-To-Date Per Election  
for Office Sought 10,025.78

Disbursement For: ☐ Primary ☒ General 12  
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

233.20

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures  
(carry total from last page forward to Line 7)

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